

UST Inspection Checklist

PART I. OWNER/OPERATOR INFORMATION

| | |
|---|--|
| 1. Facility Name: <u>Isle School Bus Garage</u> 2. Owner: <u>Isle Public School District</u> 3. Operator: _____ 5. Contact Person: <u>David Miller</u> 6. UST Site Phone #: <u>320-676-3335</u> | 6. Date of Visit: <u>10/18/16</u> 7. Marketer: _____ Non-Marketer: <u>x</u> 8. Site Arrival/Departure (Time): <u>9:05 am</u> / <u>10:12 am</u> 9. Facility Address: <u>585 Isle Street</u> <u>Isle, MN 56342</u> 10. Team Members: <u>Ryan Rupp/Andrew Boyd/David Miller</u> |
|---|--|

PART II. UST SITE INFORMATION

| 1. Tank #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---------------------|---------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 2. Tank Type: | FRP | FRP | | | | | |
| 3. Piping Type: | SW FRP | SW FRP | | | | | |
| 4. Size of Tank: | 10,000 | 2000 | | | | | |
| 5. Tank Contents: | Diesel | Gas | | | | | |
| 6. Install Date: | 7/13/1991 | 7/13/1991 | | | | | |
| 7. TTT Date: | | | | | | | |
| 8. LTT Date: | | | | | | | |
| 9. LD (Tank): | ATG | ATG | OPW | Site Sentinel | | | |
| 10. LD (Pipe): | Safe Suction | Safe Suction | | | | | |
| 11. Closure Date: | | | | | | | |
| | Perm ___ Temp ___ | Perm ___ Temp ___ | Perm ___ Temp ___ | Perm ___ Temp ___ | Perm ___ Temp ___ | Perm ___ Temp ___ | Perm ___ Temp ___ |
| 12. Spill: | Yes <u>x</u> No ___ | Yes <u>x</u> No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| 13. Overfill: | Yes <u>x</u> No ___ | Yes <u>x</u> No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Type: | Flapper | Flapper | | | | | |
| 14. CP (Tank): | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Date: | NA FRP | NA FRP | | | | | |
| Type: | NA FRP | NA FRP | | | | | |
| 15. CP (Piping): | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Date: | NA FRP | NA FRP | | | | | |
| Type: | NA FRP | NA FRP | | | | | |
| 16. CP Monitoring: [For all cathodic protection systems (Galvanic Anodes and Impressed Current Systems)] | | | | | | | |
| 6 Mo./3 Yrs: | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Note: Monitoring conducted within six month of installation and three years after initial monitoring. [280.31(b)(1)] | | | | | | | |
| Six Months: | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Note: Monitoring conducted within six month of any repairs to UST system. [280.33(e)] | | | | | | | |
| Records: | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Note: Records on file of last two monitoring results. [280.31(d)(2)] | | | | | | | |
| 17. CP Monitoring: [For Impressed Current Systems Only] | | | | | | | |
| 60 Day Insp.: | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Note: System is inspected ever 60 days, involves reading and recording systems voltage and amperage. [280.31(c)] | | | | | | | |
| Records: | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Note: Records on file of last three voltage and amperage readings. [280.33(d)(1)] | | | | | | | |

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PART III. RECOMMENDATION(S) & NARRATIVE COMMENTS

1. Further action is recommend/necessary: Yes ☐ No ☐

Notes: _____

2. Facility to provide info. on compliance: Yes ☐ No ☐

Notes: _____

3. Follow-up inspection recommended: Yes ☐ No ☐

Notes: _____

[If Yes, state reason(s) why.]

4. Information Request Letter (IRL): Yes ☐ No ☐ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

5. Notice of Violation (NOV): Yes ☐ No ☐ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

6. Field Citation (FC): Yes ☐ No ☐ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

7. Administrative Order (AO): Yes ☐ No ☐ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

8. Refer to State: Yes ☐ No ☐ Date: _____

Notes: _____

[If Yes, A Full Narrative Report may be required along with this checklist]

9. Financial Responsibility (FR): Yes ☒ No ☐ Expiration Date: Minnesota Petrofund

10. Inspector's Remarks: Handed out the Updated 2105 Must for USTs and Implementation Time Frames for 2015 UST Brochure

Discussed the new 2015 regulations. Under-dispenser containment for new dispenser systems, operator training, spill prevention equipment testing, overfill prevention equipment inspections, containment sump testing, release detection equipment testing & walkthrough inspections.

Rubber grommet tightness sensor loose.

Spill buckets, sumps and under dispenser containment are all dry

11. Additional Remarks/Comments: Tank Tightness Test needs at least 35% or more volume for a valid passing test

Tank test

| Date | Tank 1 | Tank 2 | Results Both Tanks |
|----------|--------|--------|--------------------|
| 10/13/16 | 3552 | 775 | Pass |
| 9/8/16 | 5735 | 950 | Pass |
| 8/16/16 | 6162 | 783 | Pass |
| 7/18/16 | 6259 | 1155 | Pass |
| 6/16/16 | 6293 | 1327 | Pass |
| 5/12/16 | 7316 | 1716 | Pass |
| 4/14/16 | 9289 | 953 | Pass |
| 3/17/16 | 3825 | 1364 | Pass |
| 2/18/16 | 5683 | 1701 | Pass |
| 1/14/16 | 8452 | 2036 | Pass |
| 12/10/15 | 3936 | 1069 | Pass |
| 11/12/15 | 5551 | 1338 | Pass |
| 10/6/15 | 7177 | 1642 | Pass |


Inspector Signature

10/18/16
Date

